## PB# 07-19

Lands of Nadas (Bull Rd.)

52-1-13.35

07-19 Lands of Nadas De Kay)

TOWN OF NEW WINDSOR
PLANNING BOARD
APPROVED COPY
APPROVED COPY

7, 28, 28, 44, 1

AS OF: 04/11/2008

LISTING OF PLANNING BOARDACTIONS

PAGE: 1

STAGE:

STATUS [Open, Withd]

Α

[Disap, Appr]

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- MEETING-PURPOSE------ACTION-TAKEN-----

02/21/2008 PLANS STAMPED

APPROVED

10/10/2007 P.B. APPEARANCE

ND; WVE FIN PH; APPR

. APPROVED CONDITIONALLY; CHECK SIGHT DISTANCE FOR LOT 1; ADD

. 911 NUMBERS; CORRECT BULK TABLE; ADDRESS MARK'S COMMENTS;

06/27/2007 P.B. APPEARANCE

LA:WVE PH - RETURN

. NEED HIGHWAY APPROVAL AFTER REVISED PLANS - NEED SOIL TEST

. FOR PERCS WITNESSED

06/06/2007 WORK SHOP

SUBMIT

11/10/2006 WORK SHOP

RET TO WS

AS OF: 02/20/2008

LISTING OF PLANNING BOARD FEES RECREATION

PAGE: 1

RECREA

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- DESCRIPTION------ TRANS --AMT-CHG -AMT-PAID --BAL-DUE

01/28/2008 ONE LOT REC FEE CHG 3000.00

02/20/2008 REC. CK. #382 PAID 3000.00

TOTAL: 3000.00 3000.00

Lennage 2-22-08

| P.B. #07-19 Recreation fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | <u> </u>                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|
| ARTHUR NADAS 477-3003<br>NYU SCHOOL OF MEDICINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 382                                             |
| 57 OLD FORGE RD.<br>TUXEDO, NY 10987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date 1/29/2008 50 | -8106/2219                                      |
| PAY to the Town of New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Windon \$300      | 9,                                              |
| Three thousands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dollars           | A Secure teamer<br>an include<br>teamer process |
| USALLIANCE NADAS LB # C  FEDERAL CREDIT UNION  ON INTERIOR CATOLOGY  FOR A PROCESS OF MEDICAL CREDIT ON THE PROCESS OF THE PRO | 7-19 (N) () ()    | $\sim$                                          |
| we intersom Terrace, 600 Mediand Avenue, Nye, NY 19500 1995  TOPIS LCT RECREATION FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EE JUHNINGL       | 1                                               |
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or Children and

AS OF: 02/20/2008

## LISTING OF PLANNING BOARD FEES ESCROW

PAGE: 1

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

| DATE       | DESCRIPTION   | TRANS  | AMT-CHG | -AMT-PAID | BAL-DUE   |
|------------|---------------|--------|---------|-----------|-----------|
| 06/20/2007 | REC CK. #6639 | PAID   |         | 400.00    |           |
| 06/27/2007 | P.B. MINUTES  | CHG    | 49.00   |           |           |
| 10/10/2007 | P.B. MINUTES  | CHG    | 49.00   |           |           |
| 01/28/2008 | P.B. ATTY     | CHG    | 227.50  |           |           |
| 01/28/2008 | P.B. ENGINEER | CHG    | 910.30  |           |           |
| 02/20/2008 | REC CK. #381  | PAID   |         | 835.80    | $\supset$ |
|            |               | TOTAL: | 1235.80 | 1235.80   | 0.00      |

To class out econow.

|                                                          | - 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| J. FB #07-19 ESCROW 401 3003                             | 381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NYU SCHOOL OF MEDICINE                                   | <b>2</b> 0-8106/2219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 57 OLD FORGE RD. TUXEDO, NY 10987                        | 2× 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PAY to the Jown of New Windsn \$ 85                      | XX CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Falt hundred Thory hver Hollars                          | A STATE OF THE PARTY OF THE PAR |
| USALLIANCE AMOSITOVER ESCAS Ported                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| II FEDERAL OTTER AND | <b>W</b> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PARAS P.B. #07-19                                        | <u>/</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1:2219810631:260000219013001*0381                        | wo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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or The Hall the

### Town of New Winds 555 Union Avenue New Windsor, NY 12553 (845) 563-4611

**RECEIPT** #101-2008

02/21/2008

Nadas, Arthur PB 67-19

Received \$ 260.00 for Planning Board Fees, on 02/21/2008. Thank you for stopping by the Town Clerk's office.

As always, it is our pleasure to serve you.

**Deborah Green** Town Clerk

AS OF: 02/20/2008

LISTING OF PLANNING BOARD FEES

PAGE: 1

APPROVAL

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- DESCRIPTION------ TRANS --AMT-CHG -AMT-PAID --BAL-DUE
01/28/2008 APPROVAL FEE CHG 260.00
02/20/2008 REC. CK. #380 PAID 260.00
TOTAL: 260.00 260.00 0.00





555 Union Avenue New Windsor, New York 12553 Telephone: (845) 563-4615 Fax: (845) 563-4689

### OFFICE OF THE PLANNING BOARD

January 28, 2008

Richard DeKay P.O. Box 313 Cornwall, NY 12518

ATTN:

RICHARD DEKAY, LS.

SUBJECT: NADAS P.B. #07-19

Dear Mr. Dekay:

Please find attached printouts of fees due for subject project.

Please contact your client, the applicant, and ask that payment be submitted in separate checks, payable to the Town of New Windsor, as follows:

| Check #1 – Approval Fee\$              | 260.00   |
|----------------------------------------|----------|
| Check #2 – Amount over escrow posted\$ | 835.80   |
| Check #3 – One Lot Recreation Fee\$    | 3.000.00 |

Upon receipt of these checks and ten (10) sets of plans (with at least five (5) sets being folded) and a mylar, I will have the plans stamped and signed approved.

If you have any questions in this regard, please contact my office.

Very truly yours,

Myra L. Mason, Secretary To The NEW WINDSOR PLANNING BOARD

MLM

AS OF: 01/28/2008

PAGE: 1

## LISTING OF PLANNING BOARD FEES APPROVAL

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- DESCRIPTION----- TRANS --AMT-CHG -AMT-PAID --BAL-DUE

01/28/2008 APPROVAL FEE CHG 260.00

TOTAL: 260.00 0.00

Check #1

AS OF: 01/28/2008

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LISTING OF PLANNING BOARD FEES ESCROW

PAGE: 1

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

| DATE       | DESCRIPTION   | TRANS  | AMT-CHG - | AMT-PAID - | -BAL-DUE |
|------------|---------------|--------|-----------|------------|----------|
| 06/20/2007 | REC CK. #6639 | PAID   |           | 400.00     |          |
| 06/27/2007 | P.B. MINUTES  | CHG    | 49.00     |            |          |
| 10/10/2007 | P.B. MINUTES  | CHG    | 49.00     |            |          |
| 01/28/2008 | P.B. ATTY     | CHG    | 227.50    |            |          |
| 01/28/2008 | P.B. ENGINEER | CHG    | 910.30    |            |          |
|            |               | TOTAL: | 1235.80   | 400.00     | 835.80   |

Check #2

AS OF: 01/28/2008

LISTING OF PLANNING BOARD FEES RECREATION

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- DESCRIPTION------ TRANS --AMT-CHG -AMT-PAID --BAL-DUE

01/28/2008 ONE LOT REC FEE CHG 3000.00

TOTAL: 3000.00 0.00 3000.00)

PAGE: 1

Check #3

| s, Loeb, Heller, Kennedy, Gogerty, Gaba<br>Client Ledger<br>ALL DATES | & Rode C |
|-----------------------------------------------------------------------|----------|
|-----------------------------------------------------------------------|----------|

| 6085930     | Explanation OF HEW WINDSOR MADAS, ARTHUR AND LINEA MINOR S | Reof                   | Ropts                                                                                                                                                                                                                            | Diebs                              | Tees           | Inv# Acc                | Repts                                                | Disbs              | Balance          |
|-------------|------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------|-------------------------|------------------------------------------------------|--------------------|------------------|
| 085930      | MADAS, ARTHUR AND LINDA MINOR S                            | INDITUTETOM E          |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
|             |                                                            | INDITUTETOM D          |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
| Jun 27/2007 | T 370 0 00 H W 137 00                                      | AMMTATOYAN E           | 3#                                                                                                                                                                                                                               |                                    |                |                         | Resp Lan                                             | ryer: JRL          |                  |
|             | Lawyer: ALR 0.20 Hrs X 175.00                              |                        |                                                                                                                                                                                                                                  |                                    | 35.00          | 4148                    | _                                                    |                    |                  |
| 79218       | ATTEND TOWN OF NEW WINDSOR                                 |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
|             | PLANNING BOARD FOR MEETING ON                              |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    | •                |
|             | NADAS SUBDIVISION PB# 07-19                                |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      | ,                  |                  |
| Jun 27/2007 |                                                            |                        |                                                                                                                                                                                                                                  |                                    | 17.50          | 4148                    | 15 M 2 - 21 - 24                                     | and the day of the |                  |
| 79219       |                                                            |                        | 1.00 mg/s.                                                                                                                                                                                                                       | 1960年第四次 [1]                       |                |                         | <b>《京本》 经累</b> 高线                                    | 3年300萬景            | <b>3</b> 30 33 3 |
| •           | BY PLANNING BOARD ON NADAS                                 | (m) - 0 1 / 0          | 10. 安置美统                                                                                                                                                                                                                         | Fritz:                             |                |                         | 10000000000000000000000000000000000000               | <b>经数据等</b>        | Maria A          |
|             | SUBDIVISION PB# 07-19                                      |                        | <b>福建縣</b>                                                                                                                                                                                                                       | <b>的时间被导致的</b>                     | - Part Control |                         | ***                                                  |                    | TENNETT BY       |
| Jul 13/2007 |                                                            |                        |                                                                                                                                                                                                                                  | 0.00                               |                | 4148                    | *                                                    |                    |                  |
| 81240       | FEES 52.50                                                 |                        | A company of the State of                                                                                                                                                                                                        | DELATERAL NATIONAL PROPERTY.       | ama i navelen  | war war a sa            | and the second second                                |                    | 1065,0000        |
| Jul 2//2007 | TOWN OF NEW WINDSOR                                        | 1120825                | 27.50                                                                                                                                                                                                                            |                                    | 1.4            |                         |                                                      |                    |                  |
| 09202       | PMT - PAYMENT ON ACCOUNT                                   | (14月)年上午49年(1914)      | ·····································                                                                                                                                                                                            | 8万.1.亿别在48.1克35                    | 52.50          | Special Comments        |                                                      |                    | ASTER OF         |
| 98938       | lawyer: DRC 0.30 Hrs X 175.00 REVIEW REVISED APPLICATION   |                        |                                                                                                                                                                                                                                  |                                    | 52.50          |                         |                                                      |                    |                  |
| 30330       | MATERIALS PB# 07-19                                        |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
| Oct 10/2007 |                                                            | tala mara              | 138(370)                                                                                                                                                                                                                         |                                    | : :17,50       | Company table           | na volat vatelo                                      | San Para San       | 5.5              |
|             | REVIEW M EDSALL'S COMMENTS PB                              |                        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                            | 三套 经国流出股份                          | 11.50          |                         | 14. 宝宝和夏德为                                           |                    | أأأأته وأخري     |
| 30333       | 医温温 福温 医二甲基酚 计反函数 医电压性 医线线感染剂 克伊                           |                        |                                                                                                                                                                                                                                  | <b>新聞いるが代表を</b>                    |                | 27 N                    | <b>一个人的人的人的</b>                                      | 进入美国高              | 42000            |
| Oct 10/2007 | Lawyer: DRC 0.30 Hrs X 175.00                              | English strain         | Caranantes,                                                                                                                                                                                                                      | er et rett stadentstad for Straft. | 52.50          | cere in the first first | 8 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19 |                    | -4 18 1-3 4      |
| 98940       | ATTEND PLANNING BOARD MEETING                              |                        |                                                                                                                                                                                                                                  |                                    | 32.30          |                         |                                                      |                    |                  |
| 30310       | PB# 07-19                                                  |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
| Oct 23/2007 | Lawyer: DRC 0.30 Hrs X 175.00                              | et namen karte ett nak | STEEL STATES                                                                                                                                                                                                                     | ART NATIONAL PARTY                 | 52.50          | 1                       | が必要はないない。                                            | (-578) 600 1 次級-18 | Other Berg       |
|             | PREPARE RESOLUTIONS ADOPTING                               |                        |                                                                                                                                                                                                                                  |                                    |                |                         | 1 1 2 1 1 2 1 1                                      |                    | BANK I           |
|             | NEGATIVE DECLARATION AND                                   |                        | entropia de la composición de la compo<br>La composición de la |                                    |                |                         |                                                      | LASCHER SELECT     |                  |
| •           | GRANTING SUBDIVISION APPROVAL                              | 直接 医玻璃                 | 3.5                                                                                                                                                                                                                              |                                    |                |                         | 经的特色                                                 | <b>可</b> 不通過數數     | 字 、 设施和          |
|             | PB# 07-19                                                  | មន្តកាលផ្សារ៉ូស្គែ     | dalam yar                                                                                                                                                                                                                        |                                    | Plante Marie   | 14.55                   |                                                      | THE SERVICE        | 常語 等涉上           |
| Oct 23/2007 |                                                            |                        | A 42 P (4 1 1 1 1 1 1 1 1                                                                                                                                                                                                        |                                    | 52.50          |                         |                                                      |                    |                  |
| 100815      |                                                            |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
|             | PB# 07-19                                                  |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |
|             |                                                            |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    | <del></del>      |
| 1           | UNBILLED -                                                 |                        | 1 1                                                                                                                                                                                                                              |                                    | LLED —         |                         |                                                      | LLANCES -          | <del></del>      |
| TOTALS      | CHE + RECOV + FEES                                         |                        |                                                                                                                                                                                                                                  |                                    | + TA           |                         | = A/                                                 |                    | TRUST            |
| PERIOD      | 0.00 0.00 227.50                                           | 227.50                 | o.0 (                                                                                                                                                                                                                            | 0 52.50                            | 0.0            | 52.50                   | 0.0                                                  | 0                  | 0.00             |
|             |                                                            |                        |                                                                                                                                                                                                                                  |                                    |                |                         |                                                      |                    |                  |

| REPORT SELECTIONS - Client Ledger Layout Template | Default                                    |
|---------------------------------------------------|--------------------------------------------|
| Requested by                                      | Rose Thoma                                 |
| Finished                                          | Wednesday, October 24, 2007 at 01:47:26 PM |
| Ver                                               | 8.20c                                      |
| Matters                                           | 6085930                                    |
| Clients                                           | A11                                        |
| Major Clients                                     | A11                                        |
| Client Intro Lawyer                               | All                                        |
| Matter Intro Lawyer                               | All                                        |
| Responsible Lawyer                                | All                                        |
| Assigned Lawyer                                   | All                                        |
| Type of Law                                       | All                                        |
| Select From                                       | Active, Inactive Matters                   |
| Matters Sort by                                   | Default                                    |
| New Page for Each Lawyer                          | No                                         |
| New Page for Each Matter                          | Мо                                         |
| No Activity Date                                  | Dec 31/2199                                |
| Firm Totals Only                                  | No                                         |
| Totals Only                                       | No                                         |
| Entries Shown - Billed Only                       | No                                         |
| Entries Shown - Disbursements                     | Yes                                        |
| Entries Shown - Receipts                          | Yes                                        |
| Entries Shown - Time or Fees                      | Yes                                        |
| Entries Shown - Trust                             | Yes                                        |
| Incl. Matters with Retainer Bal                   | No                                         |
| Incl. Matters with Neg Unbld Disb                 | No                                         |
| Trust Account                                     | All                                        |
| Working Lawyer                                    | All                                        |
| Include Corrected Entries                         | No                                         |
| Show Check # on Paid Payables                     | No                                         |
| Show Client Address                               | No                                         |
| Consolidate Payments                              | No                                         |
| Show Trust Summary by Account                     | No                                         |
| Printed from                                      | Register                                   |

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### LANDS\_OF\_NADAS\_SUBDIVISION\_(07-19)

Mr. Richard DeKay appeared before the board for this proposal.

MR. ARGENIO: This plan proposes the subdivision of the 5.19 acre parcel into two single family residential lots. The plan was reviewed on a concept basis only. Sir, what say you?

MR. DEKAY: Okay, first of all I'd like to introduce Mrs. Linda Nadas, she and her husband, Arthur, own this property on Bull Road and this is a separate lot that was approved a number of years ago. It tells right on the plan, here it is right here in the upper left-hand corner it says lot number 5 subdivision lands for Arthur Nadas as and Linda Nadas filed in the Orange County Clerk's Office for February 13, 1987 as filed map number 8102, it's 5.19 acres. So what they have asked me to do is subdivide the property and make two lots that conform to the present zoning.

MR. ARGENIO: You're going to have to help me a little bit understanding what's going on here. You see in the top of the plot plan it says 312 lineal feet plus or minus in the property there?

MR. DEKAY: Yeah.

MR. ARGENIO: What's that line?

MR. DEKAY: That's the dividing line between the two proposed lots.

MR. ARGENIO: That's what you're proposing?

MR. DEKAY: Yes.

The second second

MR. ARGENIO: So the whole parcel is the whole envelope and you're proposing on putting a line which is that

312 line all the way down to Bull Road, yes?

MR. DEKAY: Correct.

MR. ARGENIO: What size are the lots you're creating?

MR. DEKAY: Okay, we've got that in the lower left-hand corner, the minimum lot area required is 80,000 square feet, lot 1 is 81,000 and lot 2 would be 145,000 square feet, so they conform to the present zoning plus the lot width is all indicated, everything's to code.

MR. VAN LEEUWEN: Lot number 2 I can't quite read it on this copy here, how many feet of frontage does that have?

MR. DEKAY: It's 192.

MR. ARGENIO: Mike Babcock, are you aware of any setback issues with these proposed site home locations?

MR. BABCOCK: No.

MR. ARGENIO: A review by the Town Highway Superintendent is required for the driveways curb-cut to the Town road. Adequate information regarding grade/slope at the access, storm water drainage provisions and sight distances should be included on the plan. Do you have a copy of that comment made by Mark? That's item 2. Also the typical driveway detail should be--

MR. EDSALL: Dick, if you don't have that detail I've got one for you, I'll get it to you.

MR. DEKAY: I think we've got it.

MR. ARGENIO: Are you folks in an AG zone out there?

MRS. NADAS: Yes.

STREET, STREET

MR. ARGENIO: You're in an AG zone?

MR. DEKAY: Yeah, we filled it out in the application.

MR. ARGENIO: Well-~

MR. VAN LEEUWEN: But the, you have to ask for, you haven't asked for that in your taxes, have you?

MRS. NADAS: We have, the land is in use, yeah.

MR. VAN LEEUWEN: It is for AG?

MRS. NADAS: Yes.

MR. ARGENIO: Does that require county?

MR. EDSALL: Adam and I were just trying to confirm, we do believe it does, neither one of us have a copy of 239 with us but we'll send it if required.

MR. SCHLESINGER: I don't think you asked whether they declared agricultural, I don't think they have enough acreage.

MR. VAN LEEUWEN: Yeah because they own lots of land around it, this is not the only these piece they own, they own a whole section here.

MR. ARGENIO: My concern, Neil, my motivation if it's in an AG zone by law we're required to go for county review, that's why I'm asking the AG zone question. I don't care if you sell rice or wheat or hay, it doesn't matter to me, but that does trip that law, you don't have a choice. I want to read bullet number 4 of Mark's. The applicant is reminded that soil tests minimum two percolation tests and one deep test in support of the sanitary disposal system design must be witnessed by a representative of our office. There's

been a lot of problems. What was your name, ma'am?

MRS. NADAS: Linda Nadas.

MR. ARGENIO: Mrs. Nadas, there's a lot of problems in the west end of town with percs for sanitary disposal systems, that's why we have Mark's office witness the tests. Does anybody else have anything? I see this as a pretty simple application. Anybody have any trick questions or anything they'd like to ask relative to this application? I'd like to hear from the other members on item number 6 on relative to the public hearing.

MR. SCHLESINGER: Is there any existing houses on the property?

MR. VAN LEEUWEN: Make a motion to waive the public hearing.

MR. SCHLESINGER: Existing house on the property?

MRS. NADAS: On that 5 acres, no.

MR. DEKAY: Nothing. I show you a proposed house site and proposed driveway and I've got profiles coming in but I have to add some little bit more information.

MR. ARGENIO: Neil, Howard, how do you feel about that?

MR. SCHLESINGER: I don't see it.

MR. GALLAGHER: I don't, is there any houses within the close vicinity?

MRS. NADAS: No.

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MR. VAN LEEUWEN: There's a house across the street but it's not a busy area there, it's very quiet.

MR. GALLAGHER: I have no problems.

MR. ARGENIO: I'm going to back up just a bit, if anybody's sees fit, I'll accept a motion that we declare ourselves lead agency.

MR. VAN LEEUWEN: So moved.

MR. SCHLESINGER: Second it.

MR. ARGENIO: Motion has been made and seconded that the Town of New Windsor Planning Board declare itself lead agency under the SEQRA process. If there's no further discussion, roll call.

#### ROLL CALL

| MR. | SCHLESINGER | AYE |
|-----|-------------|-----|
| MR. | BROWN       | AYE |
| MR. | GALLAGHER   | AYE |
| MR. | VAN LEEUWEN | AYE |
| MR. | ARGENIO     | AYE |

MR. ARGENIO: Mrs. Nadas, I think you can see you can get a tone from the planning board that we're certainly looking favorably on your application. I don't see any big issues but there are laws unfortunately that we have to follow and one of them is going to be to forward this to the Orange County Planning Department and get input from them. Now I can assure you that as soon as we hear from them we'll move forward in this application.

MRS. NADAS: You do that process?

MR. ARGENIO: What will happen is your engineer will contact Myra and she'll tell you what to do and how to do it. Is that okay?

MS. MASON: Yes.

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MR. ARGENIO: Mark, am I missing anything else procedurally?

MR. EDSALL: No, I'll check the Orange County Planning issue, Mr. DeKay can coordinate for the perc tests.

MR. ARGENIO: You need to get the perc tests done, the architect will do that, you need to get the driveway detail on the plans. I really don't see a lot more going on here with this, it's pretty a simple application. Okay?

MR. EDSALL: You may want to in lieu of going out and measuring sight distances you might be able to flag the proposed location and ask the highway superintendent to take a look at it and he'll let you know if he needs anything further.

MR. ARGENIO: Probably a good suggestion.

MR. EDSALL: It's an easy stop for him.

MR. ARGENIO: Probably a good suggestion to get that done for the next meeting, that way it will be clean. Thank you for your time.

MR. VAN LEEUWEN: Make a motion to waive public hearing.

MR. SCHLESINGER: Second it.

MR. ARGENIO: Motion has been made and seconded that we waive the public hearing for the Nadas minor subdivision. If there's no further discussion, roll call.

ROLL CALL

The second second

MR. SCHLESINGER AYE

| MR. | BROWN       | AYE |
|-----|-------------|-----|
| MR. | GALLAGHER   | AYE |
| MR. | VAN LEEUWEN | AYE |
| MR. | ARGENIO     | AYE |



RICHARD D. McGOEY, P.E. (NY a PA)
WILLIAM J. HAUSER, P.E. (NY a NJ)
MARK J. EDSALL, P.E. (NY, NJ a PA)
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## TOWN OF NEW WINDSOR PLANNING BOARD REVIEW COMMENTS

PROJECT NAME:

**NADAS MINOR SUBDIVISION** 

PROJECT LOCATION:

**BULL ROAD** 

**SECTION 52 – BLOCK 1 – LOT 13.35** 

**PROJECT NUMBER:** 

07-19

DATE:

27 JUNE 2007

**DESCRIPTION:** 

THE PLAN PROPOSES SUBDIVISION OF THE 5.19 +/- ACRE PARCEL INTO

TWO (2) SINGLE-FAMILY RESIDENTIAL LOTS. THE PLAN WAS

REVIEWED ON A CONCEPT BASIS ONLY.

- 1. The property is located in the R-1 zoning district of the Town. The bulk information shown on the plan is correct for the zone and use. The table should be made complete via the addition of minimum net area (48,000 s.f.), maximum height (35 ft.), minimum livable area (1200 s.f.), and maximum development coverage (20%). Both lots appear to easily meet the minimum bulk requirements.
- 2. A review by the Town Highway Superintendent is required for the driveways "curb-cut" to the Town Road. Adequate information regarding grade/slope at the access, stormwater drainage provisions and sight distances should be included on the plan. Our office will coordinate these matters with the Superintendent once a complete plan is available. (also see next comment).
- 3. The typical driveway detail of the town should be added to the plan.
- 4. The applicant is reminded that soil tests (minimum two percolation and one deep tests), in support of the sanitary disposal system designs, must be witnessed by a representative of our office.
- 5. To my knowledge, there are no other Involved Agencies for this application. As such, the Planning Board may wish to assume the position of Lead Agency under the SEQRA review process.
- 6. The Planning Board should determine if a Public Hearing will be necessary for this minor subdivision (in form of lot line change), or if same can be waived per Section 257-13 (A) of the Subdivision Regulations.

Respectfully Submitted.

Mark J. Edsall, P.E., P.P. ( Engineer for the Planning Board

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**REGIONAL OFFICES** 

• 111 WHEATFIELD DRIVE - SUITE ONE • MILFORD, PENNSYLVANIA 18337 • 570-296-2765 • 540 BROADWAY • MONTICELLO, NEW YORK 12701 • 845-794-3399 •

### LANDS\_OF\_NADAS\_SUBDIVISION\_(07-19)

MR. ARGENIO: Lands of Nadas. Plan proposes subdivision of the 5.19 acre parcel into two single family residential lots. The plan was previously reviewed at the 27 June, 2007 planning board meeting. Sir, what's your name?

MR. DEKAY: Richard DeKay, land surveyor.

MR. ARGENIO: We took lead agency on June 27 at the prior meeting, I see here we also waived the public hearing at the June 27 meeting and we took and we did a negative dec. Well, you're well on your way. So you're taking 5.19 acres and you're cutting it into two different, two separate lots which both meet the current 80,000 square foot zoning, is that correct?

MR. DEKAY: That's correct. In the lower left-hand corner we have the table on the lot area, the bulk table.

MR. ARGENIO: Go ahead, Mr. DeKay.

MR. DEKAY: Yeah, this is on Bull Road just passed where--this is Mr. Arthur Nadas, last time we were here Mrs. Nadas was here, she's not feeling a hundred percent tonight.

MR. ARGENIO: She's the boss.

MR. NADAS: She's the boss.

MR. DEKAY: So the gray hair guys are here.

MR. DEKAY: The required lot area is 80,000, lot 1 has 81,000 and change and lot 2 is a little bit larger, it's 144,000. Since we have been here we have gone in the field with the engineer's representative, Mark's representative and ran the perc tests and observed the

deep holes, we had a machine there to dig the pits and everything passed satisfactorily. The results of those tests are on the revised plan.

MR. ARGENIO: Mark, where does Mr. Fayo weigh in on this? Have you spoken to him about this?

MR. EDSALL: Yes, I had contacted Myra to see if he had responded with his review and hadn't gotten an opportunity but what I did was in anticipation of the need to report to the board, I got ahold of him and I stopped over at the office and reviewed the plan and I have included his comments under number 2 he wants Dick to verify the sight distances that you're showing to each direction from both lots are both 400 to one direction 300 to the other direction.

MR. DEKAY: Well, actually, the 400 feet is much further.

MR. ARGENIO: Can I see where you're pointing, Mr. DeKay please?

MR. DEKAY: There's a long straightaway that comes down here to this site, this is where the old 0 & W track cuts through just passed the power lines that go over Bull Road and there's the old 0 & W abandoned site which Mr. Nadas, Mr. and Mrs. Nadas also own and just passed that we indicate a driveway coming in, I put two stakes on either for the driveway there and we show the sight distance.

MR. ARGENIO: So Mark, where is Anthony concerned about the site distance? I don't obviously have a full picture of 20 acres of land out there but I'm looking at the curve in Bull Road and I'm vaguely familiar with that area and it would seem to me there should be adequate sight distance to achieve the 325 feet you're referencing.

MR. EDSALL: His concern is number one are the numbers on the plan correct because looking at lot 1 exiting looking to the right he would think that the distance would be a lot more than 400.

MR. DEKAY: Yes.

MR. EDSALL: So that number we think is less than what it really is.

MR. ARGENIO: Okay, so it's what Mr. DeKay's saying we have a minimum of 400 feet.

MR. EDSALL: I'll finish?

MR. ARGENIO: Go ahead.

MR. EDSALL: Looking to the left from lot 2 would be another one that's way over the 300 shown, those aren't the problems, he just wants the correct numbers there. But if you look at lot 1 and look to the left that one is shown as 300, that one is a problem because the code requires 325 so he's concerned that there might be a problem with the driveway for lot 1 looking to the left coming out.

MR. DEKAY: No, we show 400 there, Mark.

MR. EDSALL: I'm looking at 300.

MR. DEKAY: Let's take a look at your map.

MR. ARGENIO: The 400 is from lot 2, I don't see the 300 indicated on there.

MR. EDSALL: The numbers are hard to decipher. Let me show you again.

MR. ARGENIO: Well, I think Anthony's right, I mean, I think that needs to be accurate.

MR. EDSALL: Well but even if you correct those numbers his concern is that looking from this driveway there might have to be some grading.

MR. ARGENIO: Looking into the curve?

MR. EDSALL: Looking into the hill because the code requires 325 as a bare minimum and it shows 300, something's got to be done.

MR. DEKAY: Well, Mr. Nadas--

MR. VAN LEEUWEN: Got to add 25 feet.

MR. DEKAY: Mr. Nadas owns the land across the street so we can show a provision there for clearing, opening that sight distance up.

MR. EDSALL: If you can just massage those numbers to show the correct numbers and then just show that that will be cleared.

MR. DEKAY: Yes, we can do that.

MR. EDSALL: That solves that.

MR. ARGENIO: Let me just speak clear, Mr. Nadas, let me be clear and concise about this. The highway superintendent's concern is the sight distance and it's predominantly from lot 1 with the left-hand turn movement. If you can what you need to do to get approval is to do some clearing and/or grading on the lot across the street so you can acquire that, achieve that minimum 325 feet of sight distance. Have I said that correctly?

MR. EDSALL: Absolutely.

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MR. ARGENIO: Did we do a negative dec?

MR. EDSALL: You have not.

MR. ARGENIO: I'll accept a motion.

MR. VAN LEEUWEN: So moved.

MR. BROWN: Second it.

MR. ARGENIO: Motion has been made and seconded that the Town of New Windsor Planning board declare negative dec under SEQRA process on the Nadas minor subdivision on Bull Road. If there's no further discussion, roll call.

#### ROLL CALL

| MR. | BROWN       | AYE |
|-----|-------------|-----|
| MR. | GALLAGHER   | AYE |
| MR. | VAN LEEUWEN | AYE |
| MR. | ARGENIO     | AYE |

MR. ARGENIO: You guys see anything else here other than this thing with Anthony which I think is really, I think it needs to be remedied. Mark or Dominic, am I missing anything procedurally with this?

MR. EDSALL: If you could waive the final public hearing to be honest with you the fact that he owns the property means that that's easily solvable, we can, and he could very easily correct the bulk table on number 1 and add the 911 street numbers so this seems to be fairly straightforward.

MR. ARGENIO: Accept a motion that we waive the final public hearing on the Nadas subdivision.

MR. VAN LEEUWEN: So moved.

MR. BROWN: Second it.

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MR. ARGENIO: Motion has been made and seconded that we waive the final public hearing on Nadas. Roll call.

ROLL CALL

MR. BROWN AYE
MR. GALLAGHER AYE
MR. VAN LEEUWEN AYE
MR. ARGENIO AYE

MR. ARGENIO: Do you guys see anything else here with this? I'll read the subject-tos in. Anything else?

MR. GALLAGHER: I'm good.

MR. BROWN: No.

MR. VAN LEEUWEN: Make a motion subject to the subject-to's, whatever you got.

MR. BROWN: Second it.

MR. ARGENIO: Motion has been made and seconded that we give final approval to the Nadas minor subdivision on Bull Road. This is subject to the table being corrected, it's subject to Mr. Nadas achieving that limited clearing which is, which may or may not be required to meet this site distance requirement for the left-hand turn movement from lot 1 for Mr. Fayo. You have to keep him happy, Mr. Nadas, okay? It's his call.

MR. VAN LEEUWEN: That's not easy.

MR. ARGENIO: And I think that was it, Mark, is that the only, O & W, what's the last thing?

MR. EDSALL: 911 addresses.

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MR. ARGENIO: And supply the 911 addresses for the lots.

MR. EDSALL: Last item would be my comment number 3, Dick, on lot 2 the spacing between the well and the septic is less than a hundred, just need to shift the well back a little bit.

MR. DEKAY: Oh, yeah.

MR. EDSALL: Just to show a hundred.

MR. DEKAY: Yeah, we got lots of room.

MR. EDSALL: And payment of fees and you're all done.

MR. DEKAY: I will dimension that so it's clear.

MR. ARGENIO: Roll call.

ROLL CALL

CONTRACTOR OF THE SECOND

MR. BROWN AYE
MR. GALLAGHER AYE
MR. VAN LEEUWEN AYE
MR. ARGENIO AYE

MR. ARGENIO: Good luck to you.



RICHARD D. MCGOEY, P.E. (NY & PA)
WILLIAM J. HAUSER, P.E. (NY & NJ)
MARK J. EDSALL, P.E. (NY, NJ & PA)
JAMES M. FARR, P.E. (NY & PA)

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# TOWN OF NEW WINDSOR PLANNING BOARD REVIEW COMMENTS

PROJECT NAME:

NADAS MINOR SUBDIVISION

PROJECT LOCATION:

**BULL ROAD** 

**SECTION 52 – BLOCK 1 – LOT 13.35** 

PROJECT NUMBER:

07-19

DATE:

10 OCTOBER 2007

**DESCRIPTION:** 

THE PLAN PROPOSES SUBDIVISION OF THE 5.19 +/- ACRE PARCEL

INTO TWO (2) SINGLE-FAMILY RESIDENTIAL LOTS. THE PLAN WAS PREVIOUSLY REVIEWED AT THE 27 JUNE 2007 PLANNING

BOARD MEETING.

- 1. The property is located in the R-1 zoning district of the Town. The bulk information shown on the plan is correct for the zone and use. As previously noted, the table should be made complete via the addition of minimum net area (48,000 s.f.), maximum height (35 ft.), minimum livable area (1200 s.f.), and maximum development coverage (20%). The table is still incomplete. Both lots appear to easily meet the minimum bulk requirements.
- 2. In our comments for the prior meeting appearance, we indicated the need for a plan/field review by the Town Highway Superintendent. On 10-9-07 I met with Highway Superintendent Fayo and reviewed the plans. Based on our meeting, the concerns are as follows:
  - Verify sight distance values (same sight distance values from each lot in north and south direction does not make sense).
  - Note that roadway speed limit is 40mph. Based on the same, code section 252-28A requires a minimum of 325 ft.
  - It appears that the area at the interior of the horizontal curve (west side of road) may need grading and/or clearing to enhance sight distance conditions.
  - Plan should include the following note: "Applicant/Developer shall install and or improve a drainage ditch between the two required driveway culverts, as may be deemed necessary in the field by the Town Highway Superintendent."

### REGIONAL OFFICES

111 Wheatfield Drive - Suite One \* Milford, Pennsylvania 18337 \* 570-296-2765 \*
 540 Broadway \* Monticello, New York 12701 \* 845-794-3399 \*

CONTRACTOR OF THE PARTY OF THE

- The applicant performed the required soils testing for the on-site sanitary disposal systems on 5 September 2007, with such testing witnessed by a representative of our office. The testing data reflected on the plan is consistent with our observations. The sizing of the sanitary disposal system designs on the plan appears acceptable based on the field testing and requirements of the New York State Department of Health (Appendix 75-A). The plan does need to be corrected to provide the minimum 100 ft. separation (or greater) between the well and septic on proposed lot #2.
- 4. From a procedural standpoint, note the following:
  - Lead Agency Taken 6-27-07
  - Public Hearing Waived 6-27-07
- 5. The Planning Board may wish to classify this action as an "unlisted action" under SEQRA, and consider a "negative declaration" of environmental significance, based on the information presented and reviewed.
- 6. The plans are substantially the same as those considered at Preliminary. As such, I recommend that the Board waive the Final Public Hearing, as per their discretionary judgement under Section 257-14 (B)(2) of the Town Code.
- 7. As per the 911 Policy of the Town, this project will require the assignment of a street name and 911 address numbering at the Preliminary approval stage of the subdivision review.

Respectfully Submitted,

Mark/J./Edsall, P.E., P.P.

Engineer for the Planning Board

MJE/st

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C CONTRACTOR

| RESULTS OF P.B. MEETING OF:                                    | <u>Clotter 10, 2007</u>                                         | 4        |
|----------------------------------------------------------------|-----------------------------------------------------------------|----------|
| PROJECT: Lands of Madas                                        | P.B. # <u>07-/9</u>                                             |          |
| LEAD AGENCY:                                                   | NEGATIVE DEC:                                                   |          |
| AUTHORIZE COORD. LETTER: YN TAKE LEAD AGENCY: YN               | M) $\sqrt{s}$ B VOTE: A $\frac{4}{N}$ N O CARRIED: Y $\sqrt{N}$ |          |
| M)S)VOTE: AN<br>CARRIED: YN                                    |                                                                 |          |
| PUBLIC HEARING: WAIVED:                                        | CLOSED: final P. H.)                                            |          |
| M) $\sqrt{s}$ B VOTE: A $\frac{4}{N}$ N                        |                                                                 |          |
| SEND TO O.C. PLANNING: Y<br>SEND TO DEPT. OF TRANSPORTATION: Y |                                                                 |          |
| REFER TO Z.B.A.: M)S) VOTE: A                                  | N                                                               |          |
| RETURN TO WORK SHOP: YN                                        |                                                                 |          |
| APPROVAL:                                                      |                                                                 |          |
| M) V S) B VOTE: A 4 N O A                                      | Conditionally                                                   |          |
| CONDITIONS - NOTES:                                            |                                                                 | •        |
| anthony Fayo's Comments are is                                 | ccluded in Mark's Comment                                       | <u>6</u> |
| Check the sight distance - (Dr                                 | iveway for lot 1) 3/8 325'                                      |          |
| add 911 #'5                                                    |                                                                 |          |
| Correct Bulk Lable.                                            |                                                                 |          |
| Marks comment #3                                               |                                                                 |          |
| Leep                                                           |                                                                 |          |
|                                                                |                                                                 |          |
|                                                                | •                                                               | ı        |

Town of New Windsor 555 Union Avenue New Windsor, NY 12553 (845) 563-4611

**RECEIPT** #506-2007

07/06/2007

L.N.

Received \$ 75.00 for Planning Board Fees, on 07/06/2007. Thank you for stopping by the Town Clerk's office.

As always, it is our pleasure to serve you.

**Deborah Green** Town Clerk

BB,#07-19 Application fee

AS OF: 06/20/2007

LISTING OF PLANNING BOARD FEES

**ESCROW** 

FOR PROJECT NUMBER: 7-19

NAME: LANDS OF NADAS SUBDIVISION PA2006-1039

APPLICANT: ARTHUR AND LINDA NADAS

--DATE-- DESCRIPTION------ TRANS --AMT-CHG -AMT-PAID --BAL-DUE

06/20/2007 REC CK. #6639 PAID 400.00

TOTAL: 0.00 400.00 -400.00

PAGE: 1

ffaning 7-6-07



# Town of New Windsor

555 Union Avenue New Windsor, New York 12553 Telephone: (845) 563-4615 Fax: (845) 563-4693

### OFFICE OF THE PLANNING BOARD

### **PROJECT REVIEW SHEET**

| TO: HIGHWAY DEPARTMENT                                                                                     |                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|
| P.B. FILE # <u>07-19</u> DATE RECEIVED: <u>09-26-07</u> TAX MAP #                                          | 52-1-13.35                                |  |  |  |
| PLEASE RETURN COMPLETED FORM TO MYRA BY: 10-09-07 TO BE ON AGENDA FOR THE 10-10-07 PLANNING BOARD MEETING. |                                           |  |  |  |
| THE MAPS AND/OR PLANS FOR:  LANDS OF NADAS                                                                 | RECEIVED  OCT 02 2007  N.W. HIGHWAY DEPT. |  |  |  |
| SITE PLAN, SUBDIVISION XXX, LOT LINE CHANGE SPECIAL PERMIT HAVE BEEN REVIEWED BY THE UNDERSIGNED AND ARE:  | Ε,                                        |  |  |  |
| □ APPROVED:                                                                                                |                                           |  |  |  |
| Notes:                                                                                                     |                                           |  |  |  |
|                                                                                                            |                                           |  |  |  |
| DISAPPROVED:  Notes: Plans should include the following note: "Applicant/Developer shall                   |                                           |  |  |  |
| install and or improve a drainage ditch between the tw                                                     |                                           |  |  |  |
| way culverts, as may be deemed necessary in the field  Superintendent of Highways."                        | by the Town                               |  |  |  |
| Signature: Reviewed by                                                                                     | 10/9/07<br>date                           |  |  |  |



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| RESULTS OF P.B. MEETING OF:                        | <u>June 27, 2001</u><br>w <u>Subdivision</u> P.B. # <u>07-19</u> |   |
|----------------------------------------------------|------------------------------------------------------------------|---|
| PROJECT: dands of Modas                            | Subdivision P.B. # 07-19                                         |   |
| LEAD AGENCY:                                       | NEGATIVE DEC:                                                    |   |
| AUTHORIZE COORD. LETTER: Y<br>FAKE LEAD AGENCY: YN | N                                                                |   |
| M) V S)Shlesvote: A 5 N 0 CARRIED: Y V N           |                                                                  |   |
| PUBLIC HEARING: WAIVED:                            | D: CLOSED: FINAL:                                                |   |
| M) V s) <u>Shles</u> VOTE: A <u>5</u> N            | O SCHEDULE P.H.: YNN                                             |   |
| SEND TO O.C. PLANNING: Y_                          | RETURN TO WORK SHOP: YN                                          |   |
|                                                    | REFER TO Z.B.A.: M) S) VOTE: AN                                  |   |
| APPROVAL:  CONCEPTUAL: PRELIMIN                    | NARY: COND. FINAL: FINAL                                         |   |
| M)S) VOTE:AN                                       | APPROVED:                                                        |   |
| NEED NEW PLANS: YN                                 | •                                                                |   |
| CONDITIONS – NOTES:                                |                                                                  |   |
| Need Highway approval                              | after revised plans.                                             | _ |
| In an ag District                                  | •                                                                |   |
| Need soil test for peres                           | , witnessed.                                                     |   |
| <i>V</i>                                           |                                                                  |   |
|                                                    |                                                                  |   |
|                                                    |                                                                  |   |
|                                                    |                                                                  |   |
|                                                    | MEETING DATE: June 27, 2007                                      |   |

### PLANNING OARD APPLICATION SUBMETAL CHECKLIST

The following items are to be returned to the Planning Board Secretary, <u>complete as a package</u>, to make application to appear before the Planning Board:

| CHE  | CK OFF (ONE <i>ORIGINAL</i> COPY OF ALL EXCEPT PLANS)                                                                 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.   | Completed Page 1 and 2 of Application form. (Original Copy)                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 2.   | Agricultural Data Statement (If you answer yes to #9 on application)                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 3.   | Applicant/Owner Proxy Statement (Original) (MUST HAVE IF APPLICABLE)                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 4.   | a. Applicable completed Check List for subdivision/L.L. Chg. or Site Plan                                             | <u>**</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|      | b. Approval box on all sheets of plan as described in #4 of Subdivision Check<br>List and #2 of Site Plan Check List. | \frac{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \simetimes \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqit{\sqrt{\sqrt{\sin}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\ |  |
| 5.   | Short Form EAF (Unless instructed to prepare long form). (Original)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 6.   | Flood Hazard Area Development Application.                                                                            | <u>~</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 7.   | EIGHT Sets of plans – folded to fit in legal size file folder with name block showing.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 8.   | SEPARATE CHECKS AS FOLLOWS: (Choose appropriate category for your project)                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|      | Special Permit Application and Review Fee                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|      | Application Fee(minor subdivision only)\$ 75.00 Application Fee(major subdivision only)\$150.00                       | 75us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| ESCF | Residential: \$200,00 each - for each of first 4 lots                                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|      | \$100.00 for each additional lot - Total:\$                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|      | Commercial: \$500.00 each - for each of first 4 lots \$200.00 for each additional lot - Total:\$                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|      | LINE CHANGE: eparate Checks: (One check for application fee and separate check for escrow amount)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|      | Application fee\$75.00 Escrow (Unless other amount specified at workshop)\$200.00\$                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

PLEASE NOTE: ADDITIONAL FEES DUE UPON COMPLETION OF PLANNING BOARD REVIEW.

(REVISED 05-03-05)



McGOEY, HAUSER and EDSALL CONSULTING ENGINEERS P.C. RICHARD D. McGOEY, P.E. (MYS PA) WILLIAM J. HAUSER, P.E. (MYS PA) MARK J. EDSALL, P.E. (MYS PA) JAMES M. FARR, P.E. (MYS PA) □ Main Office
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☐ Regional Office 507 Broad Street Milford, Pennsylvania 18337 (570) 296-2765 e-mail: mhepa@mhepc.com

Writer's E-mail Address: mje@mhepc.com

| RECORD OF APPEARANCE                                                         |                                                          |  |
|------------------------------------------------------------------------------|----------------------------------------------------------|--|
| TOWN/ VILLAGE OF: NEW WINDSOR                                                | P/B APP. NO. 100-3                                       |  |
| WORK SESSION DATE: 6 JUNE 2007                                               | PROJECT NEW OLD                                          |  |
| REAPPEARANCE AT W/S REQUESTED:                                               | RESUB. REO'D: AM Off                                     |  |
| PROJECT NAME: Madas Sch.                                                     |                                                          |  |
| REPRESENTATIVES PRESENT: Dick De kay /                                       | Mry Mich le Kay                                          |  |
| MUNICIPAL REPS PRESENT: BLDG INSP. FIRE INSP. MHE REP (MJE) (Other) P/B CHMN | PB ATTY. PLANNER OTHER                                   |  |
| ITEMS DISCUSSED: BM Md.                                                      | STND CHECKLIST: PROJECT TYPE                             |  |
| 5.188A -                                                                     | DRAINAGESITE PLAN                                        |  |
| - now 2 lots nots                                                            | DUMPSTER SPEC PERMIT SCREENING                           |  |
| - Show hours + dive typ.                                                     | LIGHTING (Streetlights) LANDSCAPING  LUCHG.  SUBDIVISION |  |
| Whall to soled                                                               | BLACKTOP                                                 |  |
| Percs                                                                        | ROADWAYSAPPROVAL BOX                                     |  |
| <u> </u>                                                                     | PROJECT STATUS: ZBA Referral: Y N                        |  |
|                                                                              | Ready For Meeting Y N                                    |  |
| WorksessionForm.doc 01-07 MJE                                                | Recommended Mtg Date West Ovar                           |  |



Contract Con

McGOEY, HAUSER and EDSALL CONSULTING ENGINEERS P.C. RICHARD D. McGOEY, P.E. (MY&PA) WILLIAM J. HAUSER, P.E. (MY&NJ) MARK J. EDSALL, P.E. (MY,NJ&PA) JAMES M. FARR, P.E. (MY&PA) ☐ Main Office

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                          | _                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|
| PLANNING BOARD WOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RK SESSION / D/            | )- 3 · ·         |
| RECORD OF APPEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                  |
| Francisco VIII and III all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D/D AND NO                 |                  |
| TOWN/VILLAGE OF / WWW WINCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>P/B APP. NO</u> .:      |                  |
| WORK SESSION DATE: No. 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PROJECT: NEW               | OLD              |
| REAPPEARANCE AT W/S REQUESTED: Not 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RESUB. REO'D: All          | APP              |
| PROJECT NAME: Madas-Sundiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                  |
| REPRESENTATIVES PRESENT: Lada Radas +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dick Dekay                 |                  |
| MUNICIPAL REPS PRESENT: BEDG INSP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRE INSP.                 |                  |
| ENGINEER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLANNER                    |                  |
| P/B CHMN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTHER                      |                  |
| ITEMS DISCUSSED: Bull Par 5, 188 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STND CHECKLIST:            | PROJ ECT<br>TYPE |
| Eartide Sell Rd vit South at MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DRAINAGE                   |                  |
| old sit april 1987 (Nadar)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DUMPSTER                   | SITE PLAN        |
| All latic sel facel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SCREENING                  | SPEC PERMIT      |
| - enther 2 lot ch or 2 lot plik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIGHTING                   | L L CHG.         |
| - will try to show there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Streetlights) LANDSCAPING | SUBDIVISION      |
| then AF will seed to rever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BLACKTOP                   | OTHER            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROADWAYS                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APPROVAL BOX               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROJECT STATUS:            | <b>X</b>         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~~~~                       | r <u> </u>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ready For Meeting Y        | •                |
| WorksessionForm.doc 9-02 MJE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Recommended Mtg Date       | -esot            |
| II AND THE PROPERTY OF THE PRO |                            | arad             |



#### 555 UNION AVENUE NEW WINDSOR, NEW YORK 12553 Telephone: (845) 563-4615

Fax: (845) 563-4689

#### PLANNING BOARD APPLICATION

## TYPE OF APPLICATION (check appropriate item):

| Subdivision X Lot Line Chang                                                     | ge Site Plan S                       | pecial Permit                  | _           |
|----------------------------------------------------------------------------------|--------------------------------------|--------------------------------|-------------|
| Tax Map Designation: Sec. <u>57</u>                                              | Block / Lot /                        | 13.35                          |             |
| BUILDING DEPARTMENT PERMIT                                                       | NUMBER: PA                           | 2006— 103<br>ST FILL IN THIS M | NUMBER      |
| 1. Name of Project Minor Subpivision                                             | Jos Consor lin                       | uda Nadasa                     | MARKUR NADA |
| 2. Owner of Record ARHUR and Lind                                                | Nadas                                | Phone 482                      | 496-3003    |
| Address: 506 Bull Rand ( X (Street Name & Number)                                | POCK TAVERN                          | N.Y.                           | 12575       |
| (Street Name & Number)                                                           | (Post Office)                        | (State)                        | (Zip)       |
| 3. Name of Applicant Me Hour md lin                                              | da NADAS                             | Phone A-P2-                    | 496-3003    |
| Address: 506 Buck Rd. Ro (Street Name & Number)                                  | CK TIVERN                            | N.Y.                           | 12575       |
| (Street Name & Number)                                                           | (Post Office)                        | (State)                        | (Zip)       |
| 4. Person Preparing Plan Rich and Address: P.O. Box 313  (Street Name & Number)  | DE KAY, 6.5.                         | Phone 534                      | - 8/27      |
| Address: P.O. Box 313                                                            | CORNUALL,                            | N.Y.                           | 12518       |
| (Street Name & Number)                                                           | (Post Office)                        | (State)                        | (Zip)       |
| 5. Attorney N.A.                                                                 |                                      | _Phone                         |             |
| Address                                                                          |                                      |                                |             |
| (Street Name & Number)                                                           | (Post Office)                        | (State)                        | (Zip)       |
| 6. Person to be notified to appear at Planning B                                 | Board meeting:                       |                                |             |
| R.DEKIY C.S.                                                                     | 534-8127                             | 534                            | 4370        |
| (Name)                                                                           | (Phone)                              |                                | (fax)       |
| 7. Project Location: On the EAS +                                                | side of Bucc                         | Road                           |             |
| 7. Project Location: On the Cast (Direction)  8. Project Data: Acreage 5.19 Zone | R-1 (Stri<br>e <u>Use Carps</u> Scho | eet) ool Dist                  | <u>D</u> -  |

PAGE 1 OF 2

( PLEASE DO NOT COPY 1 & 2 AS ONE PAGE TWO-SIDED)

| <ol> <li>Is this property within an Agricultural D of a farm operation located in an Agric</li> </ol>                | istrict containing a farm operation or within 500 feet ultural District? YesNo                            |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| *This information can be verified i<br>*If you answer yes to question 9, p<br>Statement.                             | in the Assessor's Office.<br>lease complete the attached AAgricultural Data                               |
| 10. Detailed description of Project: (Use, Siz                                                                       | ze, Number of Lots, etc.) Z Lot Sab.                                                                      |
| <ul><li>11. Has the Zoning Board of Appeals Grante</li><li>12. Has a Special Permit previously been grante</li></ul> |                                                                                                           |
|                                                                                                                      | YONE OTHER THAN THE PROPERTY OWNER,<br>OR PROXY STATEMENT FROM THE OWNER<br>APPLICATION, AUTHORIZING THIS |
| STATE OF NEW YORK)                                                                                                   |                                                                                                           |
| SS.:<br>COUNTY OF ORANGE)                                                                                            |                                                                                                           |
| THAT THE INFORMATION, STATEMENTS A APPLICATION AND SUPPORTING DOCUME ACCURATE TO THE BEST OF HIS/HER KNO             | WLEDGE AND/OR BELIEF. THE APPLICANT<br>ITY TO THE TOWN FOR ALL FEES AND COSTS                             |
| SWORN BEFORE ME THIS:                                                                                                | Luda Jadas                                                                                                |
| L th DAY OF June 200                                                                                                 | (OWNER'S SIGNATURE)                                                                                       |
| Lo DAY OF LILL 200                                                                                                   | (AGENT'S SIGNATURE)                                                                                       |
| Dhora Mari                                                                                                           | Please Print Agent's Name as Signed DEBORAH GREEN                                                         |
| NOTARY PUBLIC                                                                                                        | Notary Public, State of New York Qualified in Orange County #4984065 Commission Expires July 15           |
| **************************************                                                                               | **************************************                                                                    |
|                                                                                                                      | 45                                                                                                        |
| DATE APPLICATION RECEIVED                                                                                            | APPLICATION NUMBER                                                                                        |

PAGE 2 OF 2

A CONTRACTOR

# AGNT/OWNER PROXY STATEM T (for professional representation)

# for submittal to the: TOWN OF NEW WINDSOR PLANNING BOARD

| ARthur and linda Madas                                                          | deposes and says that he resides                         |
|---------------------------------------------------------------------------------|----------------------------------------------------------|
| (OWNER)                                                                         | •                                                        |
| at 506 BULLROAD ROCK TAVERN,                                                    | 12575 in the County of ORMUGE                            |
| (OWNER'S ADDRESS)                                                               | 1                                                        |
| and State of NEW YORK                                                           | $55h_{\xi}$ and that he is the owner of property tax map |
| (Sec. 52 Block / Lot                                                            | (3.35)                                                   |
| designation number(Sec. Block Lot                                               | ) which is the premises described in                     |
| the foregoing application and that he designates:                               |                                                          |
| (Richard DeKay) (Agent Name & Address                                           |                                                          |
| (Agent Name & Addres                                                            | ss)                                                      |
| Kichned DEKey, C.S P.O.B                                                        | tive of Owner and/or Agent)                              |
| (Name & Address of Professional Representa                                      | tive of Owner and/or Agent)                              |
| as his agent to make the attached application.                                  |                                                          |
| THIS DESIGNATION SHALL BE EFFECTIVE U<br>UNTIL TWO (2) YEARS FROM THE DATE AGRE |                                                          |
|                                                                                 | 1                                                        |
|                                                                                 | ** T 1 M C 1 M                                           |
| SWORN BEFORE ME THIS:                                                           | Owner's Signature (MUST BE NOTARIZED                     |
| 1 th                                                                            | Owner's Signature (INTOST BE 110 TARDED                  |
| Late DAY OF LIPL 2007)                                                          | •                                                        |
| $\bigcirc$                                                                      |                                                          |
|                                                                                 | Agent's Signature (If Applicable)                        |
|                                                                                 |                                                          |
| to boral fler                                                                   | Dilliot De                                               |
| NOTARY PUBLIC                                                                   | Professional Representative's Signature                  |
|                                                                                 | 11/2 STO 10/1                                            |
| **PLEASE NOTE: <u>ONLY OWNER'S SIGNA</u>                                        | TURE MUST BE NOTARIZED.                                  |

THIS PROXY SHALL BE VOID TWO (2) YEARS AFTER AGREED TO BY THE OWNER

DEBORAH GREEN
Notery Public, State of New York
Qualified in Orange County
#4984065
Commission Expires July 18,

The state of the s

| 14-16-4 (2/87)—Text 12 |  |
|------------------------|--|
| PROJECT LD. NUMBER     |  |
| •                      |  |

SEQR

#### Appendix C

### State Environmental Quality Review

#### SHORT ENVIRONMENTAL ASSESSMENT FORM For UNLISTED ACTIONS Only

| PART I—PROJECT INFORMATION (To be completed by Appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | cant or Project sponsor)                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1. APPLICANT ISPONSOR ARTHUR AND LINDA NADAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. PROJECT NAME MINOR SUBDIVISION / FOR ARTHUR AND CINCA LETLINE CHANCE NADAS |
| 3. PROJECT LOCATION: TOWN OF NEW WIN SOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County ORANGE                                                                 |
| 4. PRECISE LOCATION (Street address and road intersections, prominent land Sou's out of 506 BULL ROAD - EAST OLD ONTARIO AT USESTERN RIGHT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SIDE- 1 500 + South of Kt 207                                                 |
| 5. IS PROPOSED ACTION:  New Expansion Modification/alteration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |
| 6. DESCRIBE PROJECT BRIEFLY:  RE-SUBDIVISION OF LOT & ON PILED I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MAP NO, 8102-FILED 2-13-87<br>LANGE TO MAKE 2-ZAC LOTS,                       |
| 7. AMOUNT OF LAND AFFECTED:  Initially 6 1C acres Ultimately 6.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |
| 8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER IXI Yes No If No, describe briefly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXISTING LAND USE RESTRICTIONS?                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |
| 9. WHAT'IS PRESENT LAND USE IN VICINITY OF PROJECT?    Residential   Industrial   Commercial   Agricultus   A | siture Park/Forest/Open space Other                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |
| 10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ISSTATE OR LOCAL)?  X Yes No if yes, list agency(s) and permit/approvals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |
| 11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERIOD Yes I No If yes, list agency name and permittapproval  TOWN OF NEW WINDS OR  FILED O.C. P.O. 2-13-87 AS MAP A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLANNING BUARD -2-5-87                                                        |
| 12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L REQUIRE MODIFICATION?                                                       |
| Applicant/sponsor name: FOR Applicant/sponsor name: FOR Applicant/sponsor name: Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date: 6-13-97                                                                 |

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

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| TATE II THE ENTERING ASSESSMENT (10 De COMPIETES DY ASCINCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.  \[ \textstyle |
| B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain brief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| C8. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (c) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Name of Lead Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Print or Type Name of Responsible Officer in Lead Agency Title of Responsible Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Responsible Officer in Lead Agency Signature of Preparer (If different from responsible officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

# TOWN OF NEW WINDSOR PLANNING BOARD SUBDIVISION/LOT LINE CHANGE CHECKLIST

The following checklist items shall be incorporated on the Subdivision Plan prior to consideration for being placed on the Planning Board Agenda: Name and address of Applicant. Name and address of Owner. Subdivision name and location Provide 4" wide X 2" high box (IN THE LOWEST RIGHT CORNER OF THE PLAN) for use by Planning Board in affixing Stamp of Approval. (ON ALL PAGES OF SUBDIVISION PLAN) SAMPLE: Tax Map Data (Section, Block & Lot). Location Map at a scale of 1'' = 2,000 ft. Zoning table showing what is required in the particular zone and what applicant is proposing. Show zoning boundary if any portion of proposed subdivision is within or adjacent to a different zone. Date of plat preparation and/or date of any plat revisions. Scale the plat is drawn to and North arrow. Designation (in title) if submitted as sketch plan, preliminary plan or final plan. 12.\_\_ Surveyor's certificate. Surveyor's seal and signature. Name of adjoining owners. Wetlands and 100 foot buffer zone with an appropriate note regarding DEC requirements. Flood land boundaries. A note stating that the septic system for each lot is to be designed by a licensed 17. professional before a building permit can be issued.

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| 18  |          | Final metes and bounds.                                                                                                                                                                         |
|-----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19  | <u> </u> | Name and width of adjacent streets; the road boundary is to be a minimum of 25 ft. from the physical center line of the street.                                                                 |
| 20  |          | Include existing or proposed easements.                                                                                                                                                         |
| 21  | <u> </u> | Right-of-way widths.                                                                                                                                                                            |
| 22  | NA       | Road profile and typical section (minimum traveled surface, excluding shoulders, is to be 16 ft. wide).                                                                                         |
| 23  | <u> </u> | Lot area (in square feet for each lot less than 2 acres).                                                                                                                                       |
| 24  |          | Number the lots including residual lot.                                                                                                                                                         |
| 25  | NONE     | Show any existing waterways.                                                                                                                                                                    |
| *26 | NA       | A note stating a road (or any other type) maintenance agreement is to be filed in the Town Clerk's Office and County Clerk's Office.                                                            |
| 27  |          | Applicable note pertaining to owner's review and concurrence with plat together with owner's signature.                                                                                         |
| 28  |          | Show any existing or proposed improvements, i.e., drainage systems, water lines, sewer lines, etc. (including location, size and depths).                                                       |
| 29  |          | Show all existing houses, accessory structures, existing wells and septic systems within 200 ft. of the parcel to be subdivided.                                                                |
| 30  |          | Show all and proposed on-site A septic system and well locations; with percolation and deep test locations and information, including date of test and name of professional who performed test. |
| 31  |          | Provide A septic system design notes as required by the Town of New Windsor.                                                                                                                    |
| 32  |          | Show existing grade by contour (2 ft. interval preferred) and indicate source of contour data.                                                                                                  |
| 33  | <u> </u> | Indicate percentage and direction of grade.                                                                                                                                                     |
| 34  |          | Indicate any reference to previous, i.e., file map date, file map number and previous lot number.                                                                                               |
| 35  | NA       | Indicate location of street or area lighting (if required).                                                                                                                                     |

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REFERRING TO QUESTION 9 ON THE APPLICATION FORM, IS THIS PROPERTY WITHIN AN AGRICULTURAL DISTRICT CONTAINING A FARM OPERATION OR WITHIN 500 FEET OF A FARM OPERATION LOCATED IN AN AGRICULTURAL DISTRICT, PLEASE NOTE THE FOLLOWING:

| 36 |          | Referral to Orange County Planning Dept. is required for all applicants filing AD Statement.                                                                                                                                                         |
|----|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | <b>√</b> | A disclosure Statement, in the form set below, must be inscribed<br>on all subdivision maps prior to the affixing of a stamp of<br>approval, whether or not the Planning Board specifically requires<br>such a statement as a condition of approval. |

Prior to the sale, lease, purchase, or exchange of property on this site which is wholly or partially within or immediately adjacent to or within 500 feet of a farm operation, the purchaser or leasor shall be notified of such farm operation with a copy of the following notification.

It is the policy of this State and this community to conserve, protect and encourage the development and improvement of agricultural land for the production of food, and other products, and also for its natural and ecological value. This notice is to inform prospective residents that the property they are about to acquire lies partially or wholly within an agricultural district or within 500 feet of such a district and that farming activities occur within the district. Such farming activities may include, but not be limited to, activities that cause noise, dust and odors.

This list is provided as a guide only and is for the convenience of the Applicant. The Town of New Windsor Planning Board may require additional notes or revisions prior to granting approval.

#### PREPARER'S ACKNOWLEDGMENT:

THE PLAT FOR THE PROPOSED SUBDIVISION HAS BEEN PREPARED IN ACCORDANCE WITH THIS CHECKLIST AND THE TOWN OF NEW WINDSOR ORDINANCES, TO THE BEST OF MY KNOWLEDGE.

Licensed

Date

\* \* \* \* \* \* \*

EASE NOTE SER HH H H

THE APPLICANT OR THEIR REPRESENTATIVE IS RESPONSIBLE TO KEEP TRACK OF ALL EXPIRATION DATES FOR ANY AND ALL APPROVALS GRANTED TO A PROJECT. EXTENSIONS MUST BE APPLIED FOR PRIOR TO EXPIRATION DATE.

Page 3 of 3

\*\*This form to be completed only if you answer "yes" to question #9 on the application form.

### AGRICULTURAL DATA STATEMENT

|           | ·                                                                                                                |
|-----------|------------------------------------------------------------------------------------------------------------------|
| _ /       | on of proposed project and its locations:                                                                        |
| Sast s    | ide of Bull Road-Appear 1.500'South of Rt. 207                                                                   |
|           |                                                                                                                  |
|           | address of any owner of land within the                                                                          |
| ARH       | hur and hindu Robb Nodos-                                                                                        |
| . 506     | buce Rd ROCK TWERN, N.Y. 12575                                                                                   |
|           | address of any owner of land containing farm as located within 500 feet of the boundary of the property.         |
|           | 1.A.                                                                                                             |
|           |                                                                                                                  |
| project r | submitted herewith showing the site of the progestative to the location of farm operations do in this statement. |
|           | Sut map                                                                                                          |

#### ATTACHMENTS

- Flood Hazard Area Development Permit Application Form.
- B. Certificate of Compliance

PLEASE NOTE: IF PROPERTY IS NOT IN A FLOOD ZONE, PLEASE INDICATE THAT ON THIS FORM AND SIGN YOUR NAME. RETURN FORM WITH PLANNING BOARD APPLICATION.

IF PROPERTY IS LOCATED IN A FLOOD ZONE, PLEASE COMPLETE THE ATTACHED (LEGAL SIZE) PAPERS AND RETURN WITH PLANNING BOARD APPLICATION.

NOT IN FLOOD ZONE

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